

American Indian/Alaska Native Boarding Schools & Strategies to Promote Patient-Centered Care

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AI/AN Boarding Schools

- Sherman Indian High School
Riverside, CA
1892
- Chemawa Indian School
Keizer, OR
1880
- Flandreau Indian School
Flandreau, SD
1892
- Riverside Indian School
Anadarko, OK
1893

....History



Today....

- Few students actually attend Off-Reservation Boarding Schools. Those that do often:
 - Have family who attended Boarding School,
 - Have heard about opportunities that might be available to them through Boarding School and education,
 - Are in State or Tribal custody and have few living situation options,
 - Have lost direct contact family members that might have assisted them within their communities, and/or
 - Have no alternatives due to exceptional needs.

Challenges within Boarding School Settings

- Suicidal Ideations and Plans
- Substance Use Disorders
- Self-Injurious Behaviors
- Fetal Alcohol Spectrum Disorders
- Negative Effects of Home Community Crises
- Family Support is often replaced by Community Support
- Access to specific Traditional Practices due to geography
- Access to advanced primary language development due to geography
- New community social structure
- Different educational foundation and approaches
- Simple Normal Developmental Processes that are High Risk

Complications Present in an Off-Reservation Boarding School Environment

- Applications for Medicaid must be completed at the beginning of the school year
- The Bureau of Indian Education is *in loco parentis*
 - *In place of parent* (Latin)
- Residential Staff pick-up medications and facilitate compliance
- Support of Educational Staff and Supporting Self-Efficacy, Resilience, and Active Coping Strategies
- Requires support of IDEA
- Requires coordination with legal aspects of home communities for some communities

Potentials of providing Adaptive Strategic Care to Youth at Boarding School Clinic



Core Competencies

They include:

1. Family and youth-guided multidisciplinary teams with care coordination capability
2. Individualized and integrated care plans
3. Use of evidence-based guidelines
4. Established and accountable relationships with other primary or specialty care entities
5. Data-informed planning

Integrated care initiatives at Boarding School Clinics

Focus on:

When combined, the chronic care model and the system of care approach help illustrate the core competencies of an integrated care system for children with behavioral health conditions.

The core competencies remain the same regardless of

- the specialized population of children and youth served,
- the severity of their condition(s), or
- which clinical integration model is adopted.

The core competencies are distilled from:

- the clinical and structural elements of the chronic care model,
- the youth/family engagement, and
- systems-level focus of system of care.

Integrated care initiatives at Boarding School Clinics

Focus on:

Staff focused approaches:

- Family & Youth-Guided Teams, social engagement, community support and connectivity
- Multidisciplinary Intake teams to screen, assess and direct service provision that is comprehensive
- Individualized and Integrated care plans, Medical, Nursing, Behavioral Health, and Education
- Referral tracking and follow up for continuity of care, establishing relationships with other entities to promote care.
- Evidence based guidelines for the provision of care, SBIRT, Suicide Beck Depression Screening, DBT, EMDR, Motivational Interviewing, etc.
- Data informed planning based on community assessment of need, previous acuity from prior academic years, use of EHR to track service provision, and adaptation to changing population needs.

Understanding the Evidence to Support Integration

- Evidence, particularly for depression, is encouraging
 - Integrated care achieved positive outcomes (improvements in symptom severity, treatment response, and remission response) (AHRQ 2008)
- Integration of behavioral health reduces stigma as a barrier to receiving services altering the settings and source of care
- Integration can make significant contributions to improving access to behavioral health services, enhancing quality of care, and reducing stigma for rural residents.

Integrated Behavioral Health Examples to be Shared

- BIE Boarding School- IHS Clinic located at Sherman Indian School
- Urban program- NATIVE HEALTH

Sherman Indian High School, Riverside, CA



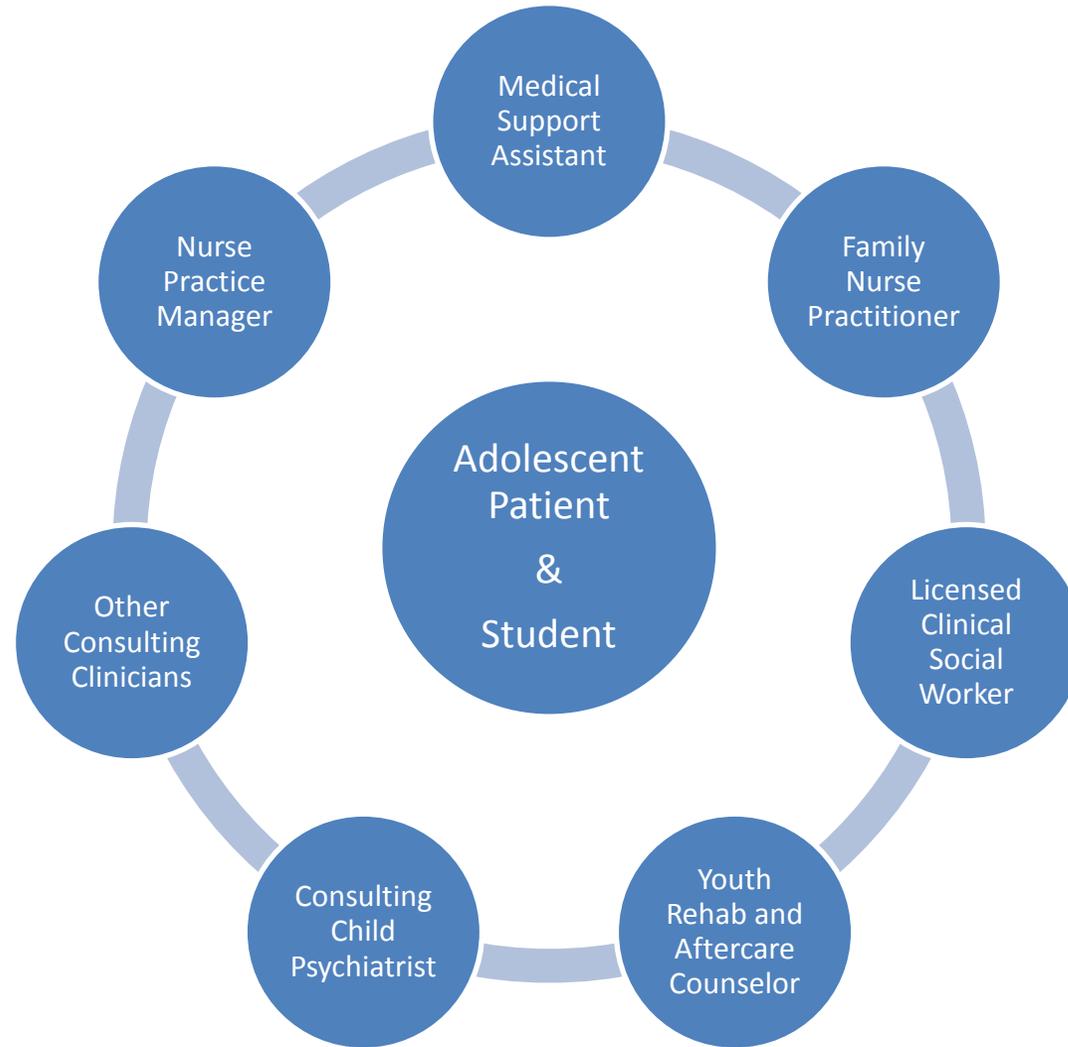
Sherman Indian School Clinic Model

- Sherman Indian School Clinic became a satellite clinic of PIMC in August - November of 2014
- Sherman Indian School Clinic is a single care team
- The Team is behaviorally-based to focus on the unique needs of adolescents
- All students at Sherman Indian school are eligible for Purchased and Referred Care (PRC) as well as Medicaid
- There is ongoing coordination between Sherman, PIMC, and the PHX Area Office to provide comprehensive care for students

Sherman Indian School Clinic: Exam & Talking Rooms



Sherman Indian School Clinic Model



Behavioral Health Integrated Care Model Rooms

Primary Care Exam Room



Daily Living Skills Group Area



Behavioral Health Integrated Care Model Rooms

Psychiatric Specialty Care



Psychotherapy Care Room



Multidisciplinary Medical Home Care Team Workspace



Multidisciplinary Medical Home Model Rooms

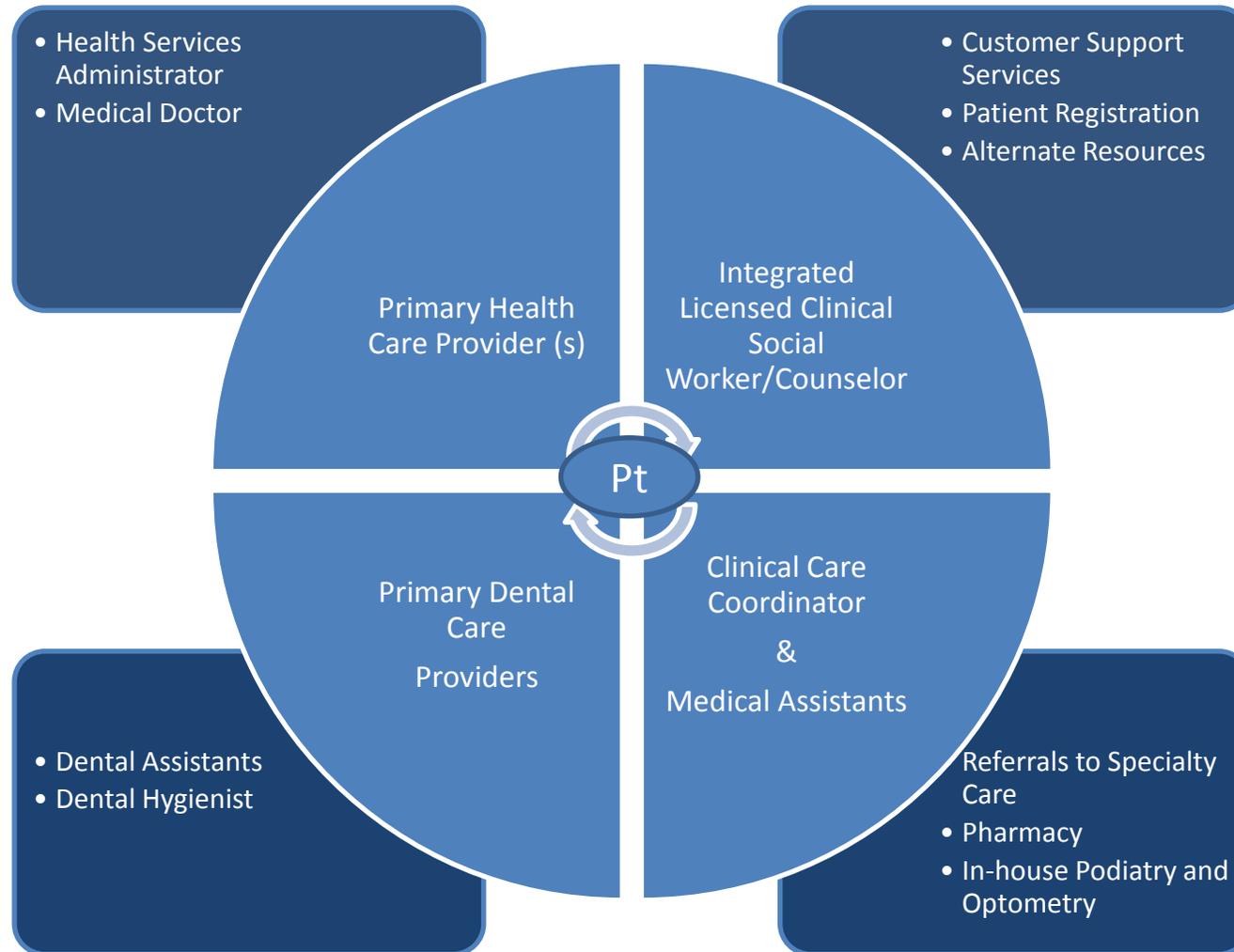
Talking Room



Talking Room



Native Health AAAHC Accredited Patient Centered Medical & Dental Home Model Team



Behavioral Health within the Medical Home

- As the medical providers explore physical reasons for the medical complaint, the integrated Behavioral Health providers explore the emotional and psychological components that may impact the chief medical complaint.
- **Brief Solution Focused** interventions are provided in the exam room in conjunction with the medical visit. Sessions are typically 10-30 minutes. If necessary, the integrated Behavioral Health providers will help refer patients for comprehensive behavioral health services
- Ideally a warm handoff approach is used for in-house referrals to the full behavioral health department.
- <http://www.nativehealthphoenix.org/integrated-behavioral-health-0>

Native Health Patient Centered Medical & Dental Home



Review of Core Competencies

1. Family and youth-guided multidisciplinary teams with care coordination capability
2. Individualized and integrated care plans
3. Use of evidence-based guidelines
4. Established and accountable relationships with other primary or specialty care entities
5. Data-informed planning

Resources

Suicide Prevention Toolkit for Rural Primary Care (WICHE):

<http://www.wiche.edu/pub/12453>

Zero Suicide: <http://zerosuicide.sprc.org/>

Family and youth-guided multidisciplinary teams:

http://www.integration.samhsa.gov/integrated-care-models/Overview_CIHS_Integrated_Care_Systems_for_Children.pdf

Evidence-based Practices Web Guide: <http://www.samhsa.gov/ebp-web-guide>

Improved Patient Care: <https://www.ihs.gov/ipc/>

Bureau of Indian Education:

<http://www.bia.gov/WhatWeDo/ServiceOverview/IndianEducation/>

A special thank you to all Boarding Schools, their clinics, and students!

This will lead into the focus group portion of the session, so that we can obtain specific feedback about what you perceive in the collaborative relationship to support this effort for youth in your community schools.

Thank you!

Focus Group Discussion Points

The importance of addressing primary care, specialty care, and social support needs of children and youth in a continuous family centered manner

- What are your thoughts on the provision of patient centered care in boarding schools with the school community serving in place of a more family centered approach?
- How could this approach benefit students attending boarding schools to receive improved care/services?

Currently available patient centered services at boarding schools

- How do you think the current services available in the boarding school community could contribute to the development of a patient centered care system?
- What are some of the strengths that we could build upon to support patient centered care at the boarding schools?

Current patient centered service challenges at boarding schools

- What challenges need to be addressed in boarding schools for patient centered care to be successful?
- How would patient centered care improve access to care for students?
- How could patient centered care improve the overall quality of care for patients?
- What strategies/next steps should be considered? Anything that we missed with regards to approaches or ideas that would support patient centered care.